EKURHULENI METROPOLITAN MUNICIPALITY

APPLICATION FROM FOR EMPLOYMENT

	TERMS AND CONDITIONS														
1.	The purpose of this form is to assist a municipality in selecting suitable candidates for an advertised pos.														
2.	This form must be completed in full, accurately and legibly. All substantial information relevant to a candidate must be provided in this form. Any additional information may be provided on the CV.														
3.	Candidates shortlisted for interviews may be requested to furnish additional information that will assist municipalities to expedite recruitment and selection processes.														
4.	All information received will be treated with strictly confidentiality and will not be used for any or any other purpose that to assess the suitability of the applicant.														
5.	This form is designed to assist municipalities with the recruitment, selection and appointment of Senior Managers in terms of the Local Government: Municipal Systems Act, 2000 (Act No 32 of 2000)														
Α	DETAI	LS OF T	HE A	OVER	TISED P	POST(As	refle	ected	in the	advert)					
Ad	Advertised post applying for														
Ref	Reference Nr														
Na	Name of Municipality														
No	Notice services period														
В	PERSC	NAL DE	TAILS												
Su	Surname														
Fire	st Name	s													
ID I	Mr														
יטו	INI														
Ge	nder	Male		Fema	ıle	Race	A	frican		Coloured		Indian		Whit	e
Do you have a disability? YES NO						Α	frican	a South Citizen?	YE	ES		NO			
If Y	If Yes , elaborate. If NO , what is your Nationality?														
						Work Permit Nr? (If Any)									

Do you hold any political office in political party, whether in a permanent, temporary or acting capacity?							YES		NO	
Political Party										
Position	Expiry Date									
Do you hold a professional membership with any professional body? If YES provide information below.									NO	
Professional Body?										
Membership Nr.	Expiry Date									
C CONTACT DETAILS										
Preferred Language for Correspondence?										
Contact Nr during Office Ho	urs?									
Preferred method for	Professed method for Mark with an "X"									
correspondence	POST		E-MAIL					FAX		
Correspondence contact DETAILS (In terms of above)										
D QUALIFICATIONS (Addi					•					
Name of School/Technical C	ollege	Highest Qualification Obtained Year Obtained								
Name of Institution	Nam	Name of Qualification NQF Year Level Obtained								
E WORK EXPERIENCE (Additional information may be provided on your CV)										
Employer (Starting with most recent)	sition		OM	T		Reason for Leaving			ng	
(Starting with most recent)		ММ	YY	ММ	YY					

condition exists that pro			vnetner any	YES NO					
If YES, provide the Nam Municipality	e of the Previous emp	ploying							
•		•							
F DISCIPLINARY REC	CORD								
Have you been dismiss	ed for misconduct on	or after 5 July 2011	?	YES NO					
If YES, Name of Municip	pality/ Institution								
Type of Misconduct/Tra	nsgression								
Date of Resignation/Dis	ciplinary case finalise	ed?							
Award/Sanction?									
Did you resign from your Job on or after 5 July 2011, pending finalisation of the disciplinary proceedings?									
If YES, provide details on a separate sheet.									
G CRIMINAL RECORI	 D								
Were you convicted of a criminal offence involving financial misconduct, fraud or corruption on or after 5 July 2011? If YES, provide details on a separate sheet									
If YES, type of Criminal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Date Criminal Case Fina	alised?								
Outcome/ Judgement?									
H REFERENCE									
Name of Referee	Relationship	Contact Nr (Office Hours)	Cellphone Nr	E-mail					
I DECLARATION									
I hereby declare that all to best of my knowledge tru information may lead to re	e and correct. I unders	stand that any misrepi	resentations or failure	e to disclose any					
			Date						